

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035726

FILED VS OCT 26 1959

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 224

ENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	FRANKLIN	a. STATE	MO.
b. CITY (If outside corporate limits, give TOWNSHIP only)	WASHINGTON	b. COUNTY	FRANKLIN
OR TOWN		c. CITY OR TOWN	UNION
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	ST. FRANCIS HOSPITAL	d. STREET ADDRESS	R.R. # 1
Length of stay in 1b	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
ROSE	ELIZABETH	JOHNSON	OCT.	16
Year	1959			
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)
FEMALE	WHITE		OCT. 22, 1929	29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY	
	SHOEWORKER	UNION, MO.	U.S.A.	
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE		
JAMES STRADFORD	NINA HENDON	Milford Johnson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address		
NO	-	MILFORD JOHNSON R.R.#1 UNION, MO.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)	Pulmonary Edema		3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Lft Ventricular failure		5 days
	DUE TO (c) Mitral Stenosis (Rheumatic)	10 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was there a pregnancy in last 90 days.	
Pregnancy 7 months		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AN AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY	Hour	Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>1950</u> to <u>16 Oct 59</u> and last saw her <u>alive</u> on <u>16 Oct 59</u>				
Death occurred at <u>12:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
<i>Wm. P. Schlarbaum, M.D.</i>	Union, Mo	18 Oct 59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
BURIAL	OCT. 19, 1959	IMMACULATE CONCEPTION UNION MO.
24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
OLTMANN FUNERAL HOME UNION, MO.	10/20/59	<i>Th. J. Schlarbaum</i>

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

VS OCT 27 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.